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Reply to: Oncologic thoracic surgery during the second wave of COVID-19 pandemic: how to be ready for the storm

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Running head: COVID-19 impact on surgical oncology

Category: Reply to Letter to the Editor

Dear Editor,

We would like to thank Gallina et al. for their letter and appreciation of our manuscript.[1] Indeed, our aim was both to report our specific data while also eliciting the experiences of other centers and groups.

Our study,[2] arising from the point of view of a Pathology unit, allowed us to evaluate the comprehensive surgical oncology activity of our Institution, but it is really interesting to read about the other side of the coin: how it was possible from a clinical point of view to preserve the quality and quantity of surgical procedures despite the COVID-19 pandemic. A report from a Thoracic Surgery division is especially relevant considering the potential consequences of a SARS-CoV-2 infection in these fragile patients.

These suggestions will hopefully help address the present new wave of infections[3] and we think this is a critical issue. Considered that for the foreseeable future we will have to deal with intermittent lockdowns and ongoing limitations affecting multiple healthcare activities (e.g., elective surgery, outpatient practice,...), it will be extremely important to safeguard cancer care starting from preserving screening protocols and prompt diagnostic/therapeutic procedures. Their interruptions or even delays can lead to severe consequences in the coming years for both patients' outcomes and financial sustainability.[4, 5]

Regarding future research outlooks, it will be important to comprehensively evaluate the overall consequences of the COVID-19 pandemic on surgical oncology practice, also to estimate its potential impact on cancer care in the coming years and design possible coping strategies.

Conflict of Interest

The authors declare they have no conflict of interest.

Authors provide the permission to publish this letter.

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